

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		2					55							
6		2					56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11							61							
12							62							
13							63							
14	1						64							
15		1					65							
16		1					66							
17		1					67							
18		1					68							
19		2					69							
20		2					70							
21		1					71							
22		1					72							
23		1					73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28	1						78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		2					83							
34		2					84							
35		1					85							
36		1					86							
37		1					87							
38		1					88							
39		1					89							
40		1					90							
41		1					91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	14						TOTAL DEP.							
TOTAL CLAIMS	47						TOTAL CLAIMS							